

EXHIBIT 4

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA☒ EEOC

520-2014-01814

New York State Division of Human Rights

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Ms. Kristy A. Pflug

Home Phone (Incl. Area Code)

516-993-3557

Date of Birth

04/15/1979

Street Address

City, State and ZIP Code

109 Woodlot Road, Ridge, New York 11961

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

Police Department, County of Suffolk, New York

No. Employees, Members

Unknown

Phone No. (Include Area Code)

(631) 852-1400

Street Address

City, State and ZIP Code

30 Yaphank Ave, Yaphank NY 11980

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN☐ RETALIATION ☐ AGE ☒ DISABILITY ☐ GENETIC INFORMATION☐ OTHER (Specify)DATE(S) DISCRIMINATION TOOK PLACE
Earliest Latest

11/1/2008

8/30/2013

☒

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

The claimant, Kristy A. Pflug, files this EEOC charge on her own behalf and on behalf of all employees of the Suffolk County Police Department, E.O. Communications Section who have been denied reasonable accommodations as a result of a department-wide policy.

The claimant was employed by the Suffolk County Police Department from but December 9, 2002 until July 4, 2013. She was employed as a Public Safety dispatcher I. She worked both as a Police dispatcher and as a 911 operator as needed.

She returned from maternity leave on April 10, 2012. In her absence the Suffolk County Police Department had allowed her department to become dangerously short staffed. As a result, the amount of mandated overtime ("mandates") increased dramatically. Before she had gone on maternity leave, overtime was mandated only in the case of emergencies such as snowstorms and other extreme weather. However, the department had over 600 mandates in 2012 alone. Between April 10, 2012 and July 4, 2013 the claimant was mandated at least 40 times.

(continued)

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

STEVEN J. MOSER

Notary Public, State of New York
No. 02MO6217283

Qualified in Nassau County
Comm. Expires February 8, 2014

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☐ FEPA☒ EEOC**New York State Division of Human Rights**

and EEOC

State or local Agency, if any

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

In fact, on August 3, 2012 Lieut. William Rohrer issued a "Revised Policy [Regarding] Mandated [Overtime] Exemptions." That memo announced that (1) no employee would be exempted from working mandated overtime and (2) the department would introduce an "Internal Medical Review" procedure. The memo further required any employee seeking an accommodation to provide specific medical documentation regarding "diagnosis, prognosis and duration of any condition or limitation." (Ex 1)

On August 31, 2012 the claimant provided yet another note from Dr. Erika M. Jurasits, DO, which stated that Ms. Pflug could not work more than eight hours a day due to her medical condition. The receipt of this note was acknowledged by her supervisor. The supervisor wrote the following note: "does not conform to requested documentation. Submitted for review." Again, the Suffolk County Police Department failed to provide any accommodation whatsoever. (Ex 2)

On October 24, 2012 Lieut. William Rohrer issued an internal correspondence to the claimant that the Suffolk County Police Department's office of labor relations required any employee seeking an accommodation to submit "a doctor's note with explicit, substantial information about their disability. An employee seeking such special consideration must also explain what special accommodations are required for their positions." The correspondence unilaterally sets a due date of November 9, 2012 for submission of the documentation. (Ex 3)

On November 17, 2012 the claimant provided yet another "Certificate for Work Restrictions" from Dr. Erika Jurasits instructing that the claimant's work schedule should be "limited." The certificate also indicated that the claimants heightened anxiety as a result of the mandated overtime was resulting in headaches. The claimant, because she was breast-feeding, was not taking any medications. (Ex 4)

Again, the Suffolk County Police Department failed to provide any accommodation to the claimant.

In early 2013 the Suffolk County Police Department announced to all Dispatchers the following policy:

Absolutely no request for an accommodation would be granted to anyone with a medical condition, and requests for accommodation would no longer be accepted by the Department.

As a result of this policy statement, the claimant stopped requesting an accommodation.

On July 4, 2013 the claimant resigned from her position stating "I can no longer put this job before my health and family." (Ex 5)

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY (When necessary for State and Local Agency Requirements)

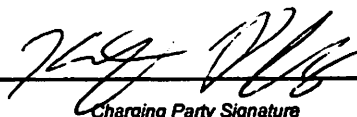
I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

3/29/14

Date



Charging Party Signature

3/29/14

STEVEN J. MOSER

Notary Public, State of New York

No. 02MO6217283

Qualified in Nassau County

Comm. Expires February 8, 2014/8

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☐ FEPA

☒ EEOC

New York State Division of Human Rights

and EEOC

State or local Agency, if any _____

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

In early 2014 the claimant reapplied for her position with the Suffolk County Police Department. She is highly qualified for the position. There are current vacancies. The Police Department has refused to reinstate her.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

3/29/14

Date



Charging Party Signature

NOTARY - ~~When necessary~~ for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

3/29/14

STEVEN J. MOSER
Notary Public, State of New York
No. 02MO6217283

Qualified in Nassau County
Comm. Expires February 8, 2014

EXHIBIT 1

Augustine Romano, M.D.
Scott McWilliams, M.D., D.P.N.-N.
Anthony K. Bolton, Ph.D., ABPP



August 2, 2012

RE: Pflug, Kristy

LETTER

To Whom It May Concern:

Kristy Pflug is a 33-year-old right-handed female whom I last evaluated on July 31st 2012. She previously experienced cervical transverse myelitis. She has had waxing and waning symptomatology over time. Concern is raised regarding multiple psychosocial stressors that may have contributed to relative immune suppressant state that contributed to her transverse myelitis. With this in mind, it is recommended that Ms. Pflug not work overnight hours as significant sleep deprivation can produce certain stressors that may exacerbate her symptomatology. It is also recommended that Ms. Pflug not work over 8 hours in a single day for the next four to six weeks. Please take this into consideration for Ms. Pflug's future work duties.

Scott McWilliams, M.D.
Diplomate, American Board of Psychiatry and Neurology (Neurology)
Diplomate, American Board of Clinical Neurophysiology (EEG/EMG/Evoked Potentials)

SM: yab

Dictated but not proofread.
Expedited for submission.

464 Main Street Suite B • PO Box 547 • Port Jefferson, N.Y. 11777
186 W. Montauk Hwy. Suite D6 • Hampton Bays, NY 11946
Tel. (631) 331-4377 • Fax. (631) 331-4459

NEUROLOGY • NEUROPHYSIOLOGY • NEUROPSYCHOLOGY

ERIK A. M. JURASSIS, DO

LC: 280112

NPJ: 1043287006

PROJECT NUMBER: 0001 NUMBER

Patient Name Kristy Pflug Date 8/29/12

Address

City _____ State _____ Zip _____ Age _____

M	F
---	---

Permitting to hold work

may not well more than
Shrs/day

According to medical condition

Prescriber Signature X

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRECIPRIBER WRITES "GEN" IN THE BOX BE

RESULTS

Refers: -

PHARMACIST
TEST AREA:

Discussion and Writings

03 ОДПН

Q 3112
 Direct
 351410
 Drug Enforcement
 Admin
 District
 Federal
 Indemnified for services

Ex 2.

POLICE DEPARTMENT, COUNTY OF SUFFOLK
ROUTING SLIP

DATE: August 3, 2012
TO: Communications Supervisors
FROM: Lt. William Rohrer,
E.O. Communications Section

RE: Revised Policy Mandated O/T Exemptions

It has been determined that the Receiving, Dispatch
& Teletype Unit's current O/T Mandate Exemption
Procedure will benefit from the introduction of
an Internal Medical Review component.

**Therefore, effective August 25, 2012,
no employee will be exempted from working
Mandated O/T. All employees will be
considered part of the O/T Mandate pool.**

Any employee, including personnel who had previously
been exempted due to supervisory discretion may
submit medical documentation requesting special
consideration in this matter. Any documentation
submitted must be specific re: the diagnosis, prognosis
and duration of any condition or limitation.

Each case will be subject to review by the Department
and will be decided on an individual basis.
These reviews may involve Legal Bureau,
Medical Evaluation. Labor Relations etc.

Tickled for _____
Take appropriate action _____
Initial and Return _____
For Information only _____
File _____
Reply required – due on _____

PDCS-6047

1
Jan 3 11 14

Ex 3

**POLICE DEPARTMENT COUNTY OF SUFFOLK, NEW YORK
INTERNAL CORRESPONDENCE**

TO: PSD Kristy Pflug

DATE: 10/24/12

FROM: Lieutenant William Rohrer/5310

COPY TO: As required

SUBJECT: Employee Request for Work Schedule Limitations

The office of Labor Relations has advised that an employee seeking special consideration as described above should submit a doctor's note with explicit, substantial information about their disability. An employee seeking such special consideration must also explain what special accommodations are required for their positions.

The above information and documentation is due in my office by November 9, 2012. Personnel Section will forward the above to Labor Relations for review and consideration.



It should be noted that your previous submission in response to the Department's request for documentation (Routing Slip, dated 8/3/12) failed to provide the information requested (i.e. "Any documentation submitted must be specific re: the diagnosis, prognosis and duration of any condition or limitation.").



William Rohrer, Lieutenant.

KP

10/24/12



PSD #411
10/24/12

Ex 4

Certificate for Work Restrictions

North Country Family Health & Med P.C.

745 Route 25A Suite A

Rocky Point, NY, 11778-1000

Office # (631)821-0200 Fax # (631)821-5721

Kristy Pflug has been under my care from 08/2011 to present time for multiple concerns. Patient was diagnosed with Transverse Myelitis resulting in Headaches.. Anxiety causing worsening headaches secondary to work related mandated hours. Prognosis is good if treatment policy of limiting work schedule and counseling is followed. Duration is estimated to be 6 - 12 mos

Restrictions: Limited work schedule to her normally scheduled hours

Provider: Dr. Erika Jurasits

Date: 11/17/2012



Rec'd
J. Smith
11-17-12

Ex 5.



POLICE DEPARTMENT, COUNTY OF SUFFOLK, NY
ACCREDITED LAW ENFORCEMENT AGENCY
RESIGNATION OF MEMBER

PDCS-1038b

INSTRUCTIONS: Complete and forward, via chain of command, to the Police Commissioner or his designee.

DISTRIBUTION: Original - Personnel Section

MEMBER'S NAME (LAST, FIRST, MIDDLE)	TITLE / RANK	SHIELD NO.	COMMAND NO.	SOCIAL SECURITY NO.
Pflug, Kisty A.	PSD	574	5311	123-76-0966

I hereby resign as a member of the Department. This act is voluntary upon my part and of my own free will and accord. It has not been caused by any threat of punishment or act of coercion on the part of my superior officers or any other person connected with this Department.

This resignation is to take effect on July 4, 2013 at 1600 hours for the following reasons: (month - day - year)

I am resigning from this position because I feel I cannot keep up with the amount of mandates we are being forced to do every week due to this Department letting us become so severely short staffed. I also feel I have been harassed and treated unfairly by my police and civilian supervisors. I can no longer put this job before my health & family.

WITNESSED BY:

KD Pflug 7/4/13
 MEMBER'S SIGNATURE & TODAY'S DATE

DAF [Signature] 5300 7/4/13
 SIGNATURE OF MEMBER'S C.O. & TODAY'S DATE

DIVISION C.O.: CHARGES PENDING ☐ YES ☐ NO ☐ APPROVED ☐ DISAPPROVED (State reasons)

 SIGNATURE OF DIVISION C.O. & TODAY'S DATE

POLICE COMMISSIONER OR DESIGNEE:

RESIGNATION IS ACCEPTED on _____ at _____ HOURS

RESIGNATION IS DISAPPROVED on _____ at _____ HOURS

PERSONNEL SECTION PREPARE PERSONNEL ORDER

 SIGNATURE & TODAY'S DATE